

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



**INSTRUCTIONS FOR FILING APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL (ABC)  
TEMPORARY LICENSE APPLICATION**

Please read all questions carefully. Each question must be answered. If a question or one portion of the question does not apply, fill in the word **"NONE"**. **Applications must be filed at least ten (10) days prior to the event. If the event is going to be held outside on public space, applications must be filed at least 45 days prior to the event. Holders of ABC license classes A, B, C or D cannot apply for an ABC Temporary License.**

- 1. All persons applying for the Temporary License must be 21 years of age.**
2. The applicant or an approved ABC manager must be present during the event. The ABC Board reserves the right to require additional approved ABC manager. Please attach a copy of the approved Manager's License.
3. Applications must be submitted in person, Monday through Friday, between the hours of 8:30 a.m. to 4:00 p.m. **Please bring government issued identification with you when applying and when picking up the license.**
4. Please note the term **"APPLICANT"** as used in this application designates the person in whose name the license will be issued if the application is approved. Please note that if the applicant wishes to designate another individual to pick up the license, the applicant must submit written authorization to the Alcoholic Beverage Regulation Administration.
5. All applicants must obtain a police clearance from the District of Columbia's Metropolitan Police Department, located at 300 Indiana Ave., NW, Room 3058, Washington, DC 20001, Monday through Friday, between the hours 9:00 a.m. to 3:00 p.m. In addition, a police clearance for your current residence and from each state in which you have resided in the past five (5) years.
6. All persons with a misdemeanor conviction during the last five (5) years or felony conviction during the last ten (10) years must submit a copy of the court disposition.
7. Application forms must be notarized where applicable.
8. **FEE:** The application must be accompanied by the proper license fee in the form of cash, a cashier's check, certified check or money order, payable to the D.C. Treasurer. The license fee for Class F (Beer & Wine) is \$100.00 and for Class D (Beer, Wine & Spirits) is \$300.00. **NO BUSINESS OR PERSONAL CHECKS WILL BE ACCEPTED. Once an Application has been processed, the application fee is not refundable. This includes applications that are denied by the Board.**
9. A special event is considered to be a parade, walk, run, bike ride, procession (excluding funeral processions), festival, block party, or any activity utilizing public space under the ownership or control of the District of Columbia that requires changing, restricting, or adapting the normal and usual regulations or controls of such space held open for use by the general public, but not including parks.
10. Attach extra sheets if space allowed under any item is inadequate or inconvenient. Write, **"see attachment"** in any such space, and show name of licensee and date of application at the top of each sheet.

**Instructions for the Temporary License Application:**

- 1 - 7: Provide appropriate information
- 8 - 8a: Check appropriate box and provide appropriate information.
- 9: Check appropriate box.
- 10-16: Provide appropriate information.
- 17-18: Check appropriate box.
- 19-20: Provide appropriate information.
- 21: Check appropriate box and provide appropriate information
- 22: Provide appropriate information.
- 23: Check appropriate box and provide appropriate information.
- 24-26: Provide appropriate information.
- 27: Check appropriate box.
- 28: Provide appropriate information.
- 29: Check appropriate box.
- 30-31: Check appropriate box and provide in appropriate information.

**Certification/Affidavit:**

Complete appropriate information.

**Clean Hands Certification:**

Complete appropriate information then have form stamped by the District of Columbia's Office of Tax and located at 941 North Capitol Street, NE, 1st floor, Washington, DC 20002.

**Occupancy:**

Submit a letter from the true and actual owner or designated agent of the premises where the event is to be held. This applies to indoor and outdoor events. The letter must include the following:

- a) authorization for the sale and/or consumption of alcoholic beverages,
- b) the time(s), date(s) and location of the event,
- c) the name of the authorized individual responsible for the event,
- d) the class of license being applied for, and
- e) diagram of the area of premise i.e. room, floor(s), cafeteria, gym etc.

Submit a copy of the Certificate of Occupancy.

Submit a copy of the public hall license if one has been issued for the premise. All events at warehouses must have a public hall license.

**Outdoor Events:**

Apply for a Special Events License at the Department of Consumer and Regulatory Affairs (DCRA), Business Service Center, 1<sup>st</sup> floor, located at 941 North Capitol Street, N.E., Washington, DC 20002.

Submit a diagram indicating all alcoholic beverage dispensing site(s) i.e. tables, trucks and street locations.

Alcoholic beverages can only be dispensed in paper or plastic cups. **No glassware permitted.**

**Tax Clearance Stamp:**

All applicants must register for tax purposes with the District of Columbia's Office of Tax and Revenue, located at 941 North Capitol Street, N.E., 1<sup>st</sup> floor, Washington, D.C. 20002. Have the front of the application stamped as proof of your registration.

**SPECIAL NOTICE**

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten days prior to any scheduled hearing. Please notify Laura Byrd, Chief of the Adjudication Division at (202) 442-4423.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



**TEMPORARY LICENSE APPLICATION**

OFFICIAL USE ONLY									
Application Number:			License Number:			Control Number:			
Class: <input type="checkbox"/> F <input type="checkbox"/> G			Date Accepted:			Ward (ANC):			
Accepted By:					Reviewed By:				
Fees Paid:					Issued Date:				
Board Approval Date:		Board Member's Initials: →							
TO BE COMPLETED BY APPLICANT									
1. Applicant's Name: (Last, First, Middle Initial):									
2. Home Telephone Number:					3. Business Telephone Number:				
4. Date of Birth:					5. Age:				
6. List your home address and dates for the past three (3) years:									
Address _____					Dates _____				
Address _____					Dates _____				
Address _____					Dates _____				
7. List occupations, name and addresses of employer's and dates of employment for the past three (3) years:									
Position Held			Name & Address of Employer				Dates Employed		
_____			_____				_____ to _____		
_____			_____				_____ to _____		
_____			_____				_____ to _____		
8. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If naturalized Citizen (attach copy)</i> give date, place and certificate Number: _____									
8a. If applicable, attach copy of the following document: Green Card Number: _____									
Visa Number: _____ Work Permit: _____ Expiration Date: _____									
9. Have you been convicted of a misdemeanor during the last five (5) years or convicted of a felony during the last ten (10) years? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, attach a copy of date(s), charge(s) and disposition(s))</i>									
10. Organization sponsoring event:			11. Date(s) of event:		12. Portion of premises to be used:				
13. Address of premises:			14. Hours of event:			15. Event set-up time:			

<b>16. Describe event:</b>	<b>17. Does the premises have a Public Hall License?</b> <div style="text-align: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No </div>
<b>18. Who will manage the event?</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Designee <i>(If designee, a manager's license is required)</i>	
<b>19. What is the age group that will be attending the event?</b>	<b>20. What will be the dress code?</b>
<b>21. Is a Special Events License, as defined on the coversheet, needed?</b> <input type="checkbox"/> Yes    If yes, please provide proof of payment and obtain the sign off for your special event from the DCRA's Special Events Coordinator, located at 941 North Capitol Street, N.E., 7 <sup>th</sup> floor. <input type="checkbox"/> No  Special Events Coordinator Signature: _____ Date: _____	
<b>22. How many persons are you expecting to attend?</b>	
<b>23. How will patrons pay to participate?</b>  <input type="checkbox"/> Tickets <input type="checkbox"/> Cash Bar <input type="checkbox"/> At the door, indicate price \$ _____ <input type="checkbox"/> No Cost	
<b>24. How many security individuals will be hired for your event?</b>	<b>25. What is the name of the security company?</b> (MPD can not serve as Security)
<b>26. What type of entertainment will be provided?</b>	
<b>27. Indicate the type of music that will be featured. (Check all that apply)</b> <input type="checkbox"/> Soul <input type="checkbox"/> Calypso <input type="checkbox"/> Rock <input type="checkbox"/> Jazz <input type="checkbox"/> Reggae <input type="checkbox"/> Go-Go <input type="checkbox"/> Salsa <input type="checkbox"/> Gospel <input type="checkbox"/> Rhythm & Blues <input type="checkbox"/> Other	
<b>28. What type of food do you plan to serve?</b>	
<b>29. Will your food be catered?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, what is the name of the caterer)</i>	
<b>30. What arrangements have you made for parking?</b>	
<b>31. List the Washington D.C. Retailer/Wholesaler from whom you plan to purchase:</b>  1. _____ 2. _____ 3. _____ 4. _____	

I, being duly sworn, depose and say I am the individual who executed the foregoing application for an alcoholic beverage license, that this license authorizes me to sell, alcoholic beverages, in open containers, for consumption on the premises on a temporary basis; and that the answers to the foregoing questions and other statements contained in this application are true to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires On: \_\_\_\_\_

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



**CERTIFICATE / AFFIDAVIT**

As a representative of \_\_\_\_\_, I acknowledge that one must be 21 years of age to consume any alcoholic beverage (including beer, wine and liquor) in the District of Columbia.

It is important that I determine the age of persons serving or consuming alcoholic beverages. I may request as identification any official identification issued by municipal, federal state, or foreign government. If the person resides outside of the District of Columbia and has no photograph identification, a second piece of identification with signature may be required and that I may ask the person to reproduce the signature in the presence of the person checking identification.

I understand that failure to adhere to the provision of the drinking age law may jeopardize my organization's ability to obtain a license in the future.

Additionally, I hereby certify that I have been advised by the Alcoholic Beverage Control Staff that at no time during the special event for which I've applied for a temporary Alcoholic Beverage Control license will any alcoholic beverages be dispensed or served in any cans or bottles. All alcoholic beverages shall be dispensed or served in paper or plastic cups.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name / Title

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

My Commission expires on: \_\_\_\_\_

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



FOR OFFICIAL  
USE ONLY  
  
OFFICE OF TAX &  
REVENUE (OTR)

SIGNATURE

DATE

PLEASE SIGN AND RETURN BOTH COPIES OF THIS FORM

CLEAN HANDS CERTIFICATION

**TO THE APPLICANT:** PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE ADMINISTRATION PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING, AND FINE YOU \$1,000.00 (ONE THOUSAND DOLLARS). THIS CERTIFICATION IS REQUIRED BY THE CLEAN HANDS ACT OF 1996; EFFECTIVE MAY 11, 1996, (D.C. LAW 11-118, D.C. OFFICIAL CODE SEC. 47-2861 *et seq.*) **BEFORE YOU ARE ELIGIBLE TO RECEIVE A LICENSE OR PERMIT.**

I, \_\_\_\_\_, as \_\_\_\_\_,  
(Name - print or type) (Applicant's Title)

certify that \_\_\_\_\_,  
(Home Address)

SSN NUMBER \_\_\_\_\_, as of this date \_\_\_\_\_,

Does not owe more than \$100.00 to the District of Columbia Government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administrative Act of 1985, effective March 25, 1986 (D.C. Law 6-100; D.C. Official Code Sec. 8-801 *et seq.*);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Official Code Sec. 8-901 *et seq.*);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer & Regulatory Affairs Civil Infraction Act of 1985, effective October 5, 1985 (D.C. Law 6-42; D.C. Official Code Sec. 2-1801.01 *et seq.*); or
4. Past due taxes; or
5. Past due District of Columbia Water and Sewer Authority Service Fees.

**I understand that if I knowingly falsify this Certification, the Administration will move to revoke the license or permit for which I am applying, and fine me \$1,000.00 (one thousand dollars). I further understand that the Administration may conduct an investigation to ascertain the veracity of this certification.**

**I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
ABC Application Number

\_\_\_\_\_  
ABC License Number

CC: Office of Tax and Revenue  
(REV 4/03)

For Tax Assistance Call (202) 727-4829